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UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

16CV7562

*Christopher Sellen*

Write the full name of each plaintiff.

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

-against-

**COMPLAINT**

(Prisoner)

*City of New York*

*Officer Baxter*

*Officer Selly*

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Christopher

First Name

S

Middle Initial

Salem

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

090647994

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Rikers Island GMDC, C-73

Current Place of Detention

15-15 hazen street

Institutional Address

East Elmhurst, ny; ny, 11370

County, City

State

Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name Baxter Last Name  Shield #   
 Current Job Title (or other identifying information) SRG Gang Unit (arresting officer)  
 Current Work Address 15-15 hazen street  
 County, City East Elmhurst NY, NY State NY Zip Code 11370

Defendant 2:

First Name Selly Last Name  Shield # 15053  
 Current Job Title (or other identifying information) SRG Gang Unit (2nd arresting officer)  
 Current Work Address 15-15 hazen street  
 County, City East Elmhurst NY, NY State NY Zip Code 11370

Defendant 3:

First Name City of New York Last Name Rikers Island Shield #   
 Current Job Title (or other identifying information)   
 Current Work Address   
 County, City  State  Zip Code

Defendant 4:

First Name Bronx criminal court Last Name  Shield #   
 Current Job Title (or other identifying information)   
 Current Work Address   
 County, City  State  Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: Rikers Island, Bronx criminal court

Date(s) of occurrence: April 8<sup>th</sup>, 2016 and day of arrest.

### FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

In the month of March I was arrested for an assault that occurred the same day I was assaulted on January 26, 2016. I beat the ticket meaning the ticket was dismissed. I was arrested by the SRG unit which is a gang unit on Rikers Island, and I was taken out of GmDC facility to a facility to get finger-printed. While being finger printed I was harassed and laughed at for obtaining a new case. They said things such as "you stupid fuxxot look at you know, you're going to be getting fuxx up a whole lot more." On April 8th was the date of the arraignment on the assault charges (Docket number 2016 Bx015146) Officer Baxter and Selly were the arresting officers. And after the first arraignment is when I started experiencing depression, anxiety, paranoia, increased migraines, nausea, PTSD, emotional distress and lack of hope of going home to

my family. Resulting in Violation of my 5<sup>th</sup> Amendment by being unlawfully arrested, by malicious prosecution.

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

PTSD, Paranoia, Anxiety, depression, increased severe migraines, emotional distress, nausea, defamation of character, unlawful arrest.

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I believe I deserve a recompense of \$130,000 for my sufferings.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.


I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

06/16/2016  
 Dated

  
 Plaintiff's Signature

Christopher S Salem  
 First Name Middle Initial Last Name

15-15 hazen street Gmhc Rikers Island  
 Prison Address

East Elmhurst NY, NY 11370  
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

06/16/2016

mer Salem  
05511  
222 N Street  
Rikers Island  
Jamaica, NY

SDNY PRO SECT  
2016 SEP 27 AM 11:44



United States District court  
SOUTHERN District of New York  
500 Pearl Street, New York, NY, 10007



Ass  
JK



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